

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107009705

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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25						
26						
27						
28						
29						
30						
31	2					
32	1					
33	①					
34						
35						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		5				
TOTAL DEP.		38				
TOTAL CLAIMS	33	33	33	33	33	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS